

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA	2089	8/17
O.I.P.E. CLASSIFIER		15	82300
FORMALITY REVIEW	EW	67434	9 2800
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

**BEST AVAILABLE COPY**

Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 (Through numeral) Canceled A ..... Appeal  
 Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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